



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042361
Receipt Date:	05/30/2019
Date Paid:	05/30/2019
Payment Method:	Check,
Check Number:	579983,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TAKE CARE HEALTH MISSOURI, P.C., Address:PO BOX 901, Phone:(816) 524-2590

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300144002	\$50.00